UNITED STATES DISTRICT COURT SOUTHER DISTRICT OF NEW YORK	SDNY PRO SE OFFICE
SEGUNDO NarrAEZ Plaintiff(s) VS. NEW YORK CITY DEPARTMENT of Corrections, ET. AL. Defendant(s)	2016 MAR 14 AM 9: 57 INMATE CIVIL RIGHTS COMPLAINT PURSUANT PURSUANT TO 42 U.S.C. § 1983 Case No. 9:CV
Plaintiff(s) demand(s) a trial by: VJURY	COURT (Select only one).
	GOORT (Beleet Birty One).
Plaintiff(s) in the above-captioned action, allege(s)	as follows:
JURISDICTION	16CV198
1. This is a civil action seeking relief and/or damages guaranteed by the Constitution of the United States 42 U.S.C. § 1983. The Court has jurisdiction over 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.	. This action is brought pursuant to
PARTIES	
2. Plaintiff: SEGUNDO Narvatz #	- 15-A-3658
Address: COXSACKIE CORRECTION	sal facility
P.O. Box 999	2
Coxsachie, N.y. 120	51-0999
Additional Plaintiffs may be added on a separate sh	neet of paper.
3. a. Defendant: Commissioner	- New york city Department
Official Position: of corrections	JOSEPH PORTE
Address: 75-20 ASTO	ria Boulaurd
Bulova Corpo	RATE CENTER
EAST Elmhurst	14 11370

	Ъ.	Defendant:	DOBNI DOE DOCTORS AND NURSES	
		Official Position:	WHO handle my CASE - medical STA	I. FF.
	2.	Address: <u>Me</u>	Dical contractor- provider of Ny.C.	Jail
			rrectional Health Services	
		22	5 Brondway, N.y. N.y. 10007	
8				
	c.	Defendant:	Wardens (John DOE) of the	
		Official Position:	N.y.c. Depr. of corr. facilities wh	ENE
		Address: Me	epical issues aroused	
		_	11.1. 1 0 "	9
		-		
		E	enclosed Pri to ili	
	Addi	tional Defendants ma	ly be added on a separate sheet of paper.	
4. P.	LACE C	F PRESENT CONF	INEMENT	
	a.	Is there a prisoner	grievance procedure at this facility?	
		Yes	No	
12	b.		4a is YES, did you present the facts relating to your comp	laint in
		this grievance pro	gram?	1890
		Yes	No	32
		If your answer to	4b is YES,	
		(i) What stan	s did you take? I Spoke with STAFF Al	DAUT
			1 M	000
7.		meniu	Al issues and wrote prievances,	
		Wrote	complaints to Commissioner and N	1C
		(ii) What was	The final result of your grievance? I NONES, All	
E R		of the		10
	5.8	UV VIE	V V	

	If your answer to 4b is NO - why did you choose to not present the facts relating to your complaint in the prison's grievance program?
c.	If there is no grievance procedure in your institution, did you complain to prison authorities about the facts alleged in your complaint?
¥0	Yes No
	If your answer to 4c is YES,
	(i) What steps did you take? Wrote Commissioner And NUC Department of health - Hygicut
	NUC DEPARTMENT It health - HUGIGNE
	(ii) What was the final result regarding your complaint? I \ NONEC
	If your answer to 4c is NO - why did you choose to not complain about the facts relating to your complaint in such prison?
PRE	7IOUS LAWSUITS
a.	Have you ever filed any other lawsuits in any state and federal court relating to your imprisonment?
b.	If your answer to 5a is YES you must describe any and all lawsuits, currently pending or closed, in the space provided below.
For E	ACH lawsuit, provide the following information:
i	Parties to previous lawsuit:
	Plaintiff(s): SEJUNDO NarvAEZ Defendant(s): Commissioner - N.Y. C. Dept. of Corrections
	PREV a. b.

	Court (if redefat court, hame District, if state court, hame County).
	NEW york court of claims
iii.	Docket number: M9
iv.	Name of Judge to whom case was assigned:
v.	Disposition (dismissed? on appeal? currently pending?):
vi.	Approximate date of filing prior lawsuit: 2-24-2016
vii,	Approximate date of disposition:
6.	FACTS
and/or Cor	forth the facts of your case which substantiate your claim of violation of your civil stitutional rights. List the events in the order they happened, naming defendants ates and places.
	must include allegations of wrongful conduct as to EACH and EVERY endant in your complaint. (You may use additional sheets as necessary). A + + A chee PAGES "A" + + + + + + + + + + + + + + + + + +
b)	
1)	
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it.	
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	91	CAUSES OF	ACTION
	 	CVOTES OF	ACII

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION
DENIAL of MEDICAL treatment
Description of Medical Medium
SECOND CAUSE OF ACTION
EXPOSURE to CONTACIONS DISPOSES
<u> </u>
2 4
· · · · · · · · · · · · · · · · · · ·
THIRD CAUSE OF ACTION
conspiracy to violant my civil rights; cavel and
UNUSVAl PUNISHMENT; DELIBERATE INDIFFERENCE
infliction of emotional Distress; Denial of DUE Process
and equal Protection of law: Discrimination.
RETALIATION: INFLICTION of MENTAL ANJISH AND LOST of ENTRY MENT OF LIFE; Gross NEPLIGNIE.
ENTOYMENT of life; Gross NEGLIGANCE.

8. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

For count to issue an order of Detendants

To show cause, for marshalls to serve deendant

lawsuit, Jury trial, and any relief the count

may ofth just and fruper; compensation Damages for five
million, Rinitive Damages for five million, thrunche relief, class action.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 03-04-2016

SEGUNDO NarvAEZ

Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010

DEFENDANTS ENGAGED IN THE Proprietary Function of Providing medical CARE, AND are mus held to THE SAME DUTY OF CARE AS PRIVATE INDIVIOUALS AND INSTITUTIONS ENGAGED IN the Same Activity. 62A N. y. Jur. 22. Government TORT Liability # 194 . THE RESUlting MENIAL Groblems, THE Acquisition of Tuberculosis AND HEPAtitis, was a reasonably foreseeable CONSEQUENCE OF THE DEFENDANTS ACTS OF OMISSIONS. THEIR UTTER NEPLIGENCE Was THE Proximate cause of said injuries - THE NEW YORK CITY DEPARTMENT of Corrections and Correctional Health Service UNDERTHOK dury to provide inmarks medical cARE. THE NON-DISCRETIONARY MEDICAL STANDARDS - PROTOCOLS; which were breached, resulting in the complications of my mental health problems and getting infected with T.B. And HEPATITIS - Plaintiff RElied on their care. I was provided NO Preventive cARE. Dele V. STATE, 594 N.4.5.22.824 (3rd. Depr. 1993)

- L -

Compane Kajan V. SMTE, 646 N.4.5.22. 336. CZNZ. Dept. 1996); middle TON V. COXSACKIE COTTECTIONAL FACILITY, 379 N.4.5.22.3 (1975). Commissioners at ISSUE AND MEDICAL STAFF had ample obtiONS to provine me with medical care once a treatment proved lutile or panjerous to my health. 64 N.y. Jurize Health AND Sanitation #97; see Also Public Health Law 2200 to 2230. As this court is aware by NOW DUT to Numerous civil rights vistations, sefendants DO NOT Follow THE NEW YORK CITY HEAlth COOK NOT THE NEW york StATE Sanitary cope: NEW york city Jails are infested with contragious Diseases. Plaintiff is yet mother victim. 62 N.y. Jur. 2d. Government That Liability # 21-THEY do what they want, I.E., WOOT is EXPIDIENT.

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STUDOUST SO IDNOVIDADA

STEVEN WETTENSTEIN

WARDEN - MANHATTAN DETENTING CENTER

125 WHITE STREET

NEW YORK, N.Y. 10013

clayton Augustus -warow

Brooklyn DETENTION CENTER

275 Atlantic quenue

Brooklyn, N.y. 11201

Monica Windley - Warder North Enfirmany Command 1500 HAZEN STREET - NIC

EAST ELMNUST, J.Y. 11370

ANJERO Jamieson - Warden GDMC, 1515 HAZEN STREET

EAST Elmhurst, N.Y. 11370

THESE USWOONS are liable because their Administrative come requires them to have jails clean, with properly trained and supervised STAFF. Had they dove

their supervising work, I would not have been injured.

Achille ANTIONE Correctional Health Services WHO Examine my blood, Determine & was negative for To berculosis and recommended i be put ON TUberculosis medication: Isoniazid, Robaxial Pyrodoxine LUNN DEVIND, P.A., WHO DETERMINE I had 9-11-2001 LUNG problems and did NOT Treat it. Commissioner of THE NEW YORK CITY DEPARTMENT of Health and Hygiene and commissioner of Correctional Health Services who were awart of Mealth issues and Ignored them. John DUE Rong Joseph, P.A. WHO Administer Tuberculosis medication when I did NOT have Tuberculosis, and when I Acquired It, Discontinued and did NOT Provide Alternative treatment; same with Brenda R. Hamis, M.D.; David viera, P.A. Rose many NWANNE, P.A., Frantz medard, M.D.; myriam Blain; Francisco Pequero, P.A. BE: Additional DEFENDENTS

Bonald Schliffman, who perermined than x. Bay I oid NOT have Tuberculosis yet recommended I Take T. B. medicarish, same with Vittorio Harris. Said wardens and medical staff Denied me care When I confacTed Tuberculosis, provioing No Alternative. AS TO DENIAL OF MENTAL HEAlth, ANNE FrANCOIS. FOR HERA titis THE ABOVE COMMISSIONERS, WARDENS and menical shaff provided No medical cane. John DOE, Jane DOE NUrses ... to be provided when discovery is submitted by Defendants.

RE: Additional Defendants

STATEMENT OF FACTS

SWORN AFFICIULT OF SEGUNDO NarVACZ

UNDER DATH, UNDER PENALTY OF PETTURY I DECLARE
THE BELOW STATEMENT to be true AND CORRECT.

I NEVER had TUBERCULOSIS, any of THE MYCO-DACTERIUM Tuberculosis. IN Ecuador as well AS IN THESE UNITED STATES I TESTED NEGOTIVE When-Ever THE MANTOUX TEST WAS DONE IN my ForeArm - Chest X-RAYS Have Also CONFIRM Said DIAMOSIS WHEN I ENTERED THE NEW YORK city DEPARTMENT of Cornections ON July 13th, 2013 PPD, Purified Protein Denivarive, was given to me As a Rourine SCREENING TEST. AGAIN I CAME UP NEGATIVE TWO Days later No X-Ray or Sputhy sample was taken. I had NO pormant or Acrive Tuberculosis. Rather than RE-Apply a Tuberculial skin TEST, I was given a

B-

Blood test while All indicators unequivocally Demonstrated I had NO TUberculosis-THE NEW YORK (ity DEPARTMENT of CORRECTIONS NOW claimed I had NOT ONLY TUberculosis, from said Blood test, but that it was A crive. AN X-RAY INDICATED I DID NOT have TB ACTIVE, NOT DID I had ANY SYMPTOMS ASSOCIATED with ACTIVE TB. NO SPUTUM or bronchuscope was used to support or DISUADE FAISE POSSITIVE - DEFENDANTS NEVER INDICATED I had TB other than IN LUNGS, NOT in Pericardium, Tuberculous meningitis, or in other organs or fames of body. As A result of false possitive, which Did NOT INDICATE miliary Tuberculosis, I was Forced into Direct Observed THEMAPY CDOTS and poisoned with variants of Isoniazid, RIFAMPIN, PYMZINAMICE. I IMMEDIATELY had Allergic reactions: My body broke out

- C -

IN painful red-rashes, which my face and body bart not bealed from. I EXPERIENCE Nausea, vomiting, jaundice, and my liver was damaged. I experienced head-aches and chest pains My Optic werve has been samaped and my hearing has become impainted. I have from said poisons, called medication by Defendants, continue to experience blurred vision and and Decreased color perception. I DIZ NOT have T.B., YET I was HOUSED with multiple in marts who had been tested and found to be possitive with active roberculosis · Details Ant folly arriculated in Exhibit " A". I was exposed and subsequently infected with T.B., then retusted medication due to Allergic reaction when I Did NOT have It, while Defendants had other options to treat me with. -D-

Although I requested to be seen by mental Health STAFF for my venified mental Health Problems, I was told by DEFENDANTS that I had to wait because they do NOT have mental Health STAFF WHO DO NOT SPEAK Spanish. PlainTiff speaks Spanish only. I waited for mouths and Wever received treatment. I Exhausted all available administrative procedures in place. Plaintiff, which this count is familiar WITH, has POST traumatic syndrom Disorder From my work at the ground zerzo cite. As a result of Denial of mental Health I reveloped more stress, mental ANTHISH, anxiety, mood Disorder AND Depression. THE DATES OF INCIDENT WHITE FROM 7-13-13 of 2015 till present continious medical DOCTINE. DETENDENTS LEST SHOW NEAFINE for T.B.

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THEN POSSITIVE While IN their CUSTDAY, and NEED for MENTAL HEALTH. I tiled numerous pricuances Centosed which DETENDANTS MOSTLY IGNORED OF EVATED medical issues. They renaliated by moving me from one facility to another and NoT grovioing me with medical care once exposed to T.B.; aND, I KEPT PRESSING FOR MENTAL Health treatment . I was pried blood test for liver DAMAGE SCREENING DUE to F.B. medication. I was Also Diagnosed with HEPARITIS A, DUT fived NO medical treatment Dispite my Profestations and gricuonies This Disease I contracted in their custody. I was initially screented at intakt and oid NOT have Heparts "A". THE CONTACTING this illness AND Its Denial of medical came for It affected my mental STATE - I Developed Depression, health problems,

-F-

emoninal distress and anghish, loss of ENTOYMENT OF life. I DEVETOPED FIRENESS, loss of appetite, Feeling of weakness and DIZZINESS. I have confinious medical And mental health problems . I continue to have POINT pain, headeaches and back pain. THE ROBAXIN AND ISONAAZI'Z PEVEN, with B-6 Supplements, caused said rashes, which only Hydrocortisant oiniment was finan only ONCE. I have permanent scaring from allergic reaction, still visible in face and body. Plaintiff timely filed claims with NEW york city comptroller. They never responded. He also timely filed claim with the New york court of clasms, which is currently PENDING. I WHOTE the NEW YORK CITY DEPARTMENT OF corrections Commissioner about ESSUES - I got NO VESPONCE. I WHOTE NEW YORK CITY DEPARTMENT OF HEAlth and menoral Hygicut.

-G-

E DID NOT GET ANY RESPONCE, NOT from the Urban Justice CENTER. DETENDANTS ACTIONS CONSTITUDE CRUEL AND UNUSUAL trearment, Deliberate in Difference to my serious medical NEEDS while I was AN INMORTE IN their custopy and control. THE current medical Community will NOT Agree to the violations Plaintiff has unperjone. Its NOT A matter of DISAPREMENT. I had sorious medical NEEds ... to meet the pronjs established in Esteller. Gamble, 429 U.S. 97, 104, 97 S.CT. 285 (1976) THESE ARE LIFE-TIME, LIFE ThreATENING DISEASES that were left untreasted. My Due process And equal protection of Law were violated. Defensants menical judgements were highly inconsistent with CORRENT MEDICAL Practices AND literature. DETENDANTS KNEW, OF SHOULD had KNOWN, that they placed Mr. Narvaez in unconstitutional CONDITIONS of CONTINEMENT and then Deliberately

-H-

persical him medical care he was enritted, which he brought immediately to their attention. Now of their Actions were reasonably released to a legitimate Penological interest or prison Policy. THE TURNER STANDARds art in - Applicable -Turner V. SAFley, 482 U.S.78, 107 S.CT. ZZSY (1987) . Their Actions, or lack of Actions, were NOT reasonably related to their interest, they were other ways of accomplishing the same governmental god without compromissing my need for menical care and Not to have exposed me to serious DiseasES. They ACTED with culpable STATE of mind - unnecessary and wanton inflication of paid simply because I was NOT of their consanguinity and spoke only Spanish. DEFENDANTS, I.E., THE GOVERNMENT, had a clear Dury to provide Mr. NarVAEZ medical care WHEN he was in their custody; that bury extended to protecting Plaintiff from contacting The infectious -I -

DISEASES of Tuberculosis AND HEPATITIS. While I TOOK precautions, they did NOT. THE fact that they offered me a translator for menial Health does NOT Absolut DefENDANT from required CARE. THE translator was another inmart, a guard or some Near-by medical Staff who oid NOT shelter ME from "continentiality" in mental Health treasment, who was NOT A translator in the field of mental health to provide me with constitutionally Acceptable therapy. It was a time and cost saving Devise that makes betendant liable under 42 U.S.C. 1983. Additionally, because detendants conspired to Violate my civil rights, they are also liable under 42 U.S.C. 1985: They transfer me, Discontinued trearment, Equired It when I was possitively DiAGNOSED AND FIDICULES ME . I WAS DISCOMINGRED and my medical information was disclosed to inmates, guarde and Staff which led me to being J-

OSTIFCIZE & THEY ENDENGERED MY life. THE 14th amen's ment protect me from oiscriminatory trearment, most similarly cituared inmares who Spoke english were given menical care and not exposed to said diseases. They followed no one process in their benial of medical care-STATE STATUTE AND regulations entitled me to requested care... which did NOT require more money or time. my mental issue was a recognized Disability that Felled within the "americans with Disability Act". Defendants took NO STEPS to protect my rights under the "ADA". THUS Plaintiff has stated a cause upon which Relief can be pranted under 42 U.S.C. 1983 and 1985. NO rEASONAble JUPOF, ACTING rEASONAbly, will tail to Lind Detendants guilty of said civil Rights violations and fail to award Plaintiff relief REQUEST . SINCE HIS ISSUE AFFECTS thousands of Hispanics Plaintiff is enritted to class action-injunctive relief.

EXHIBIT A

GUNDO NARVAEZ		3	
		7. 3	E#11
· cc	Claimant(s)	390 310	. %
, y - ,	4	0	laim
E STATE OF NEW YORK	•		*
		*	36
	Defendant(s)		*2
2. This claim arises from the actions are as follows (be specific):_ rvices since my inca	cts or omissions of the	defendant. Detai	W York 12051
2. This claim arises from the actions are as follows (be specific):_vices since my inca	cts or omissions of the	defendant. Detai	W York 12051
2. This claim arises from the actions are as follows (be specific):_vices since my inca	cts or omissions of the	defendant. Detai	W York 12051
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2. This claim arises from the actions are as follows (be specific):_ rvices since my inca	Box 999, Cox cts or omissions of the I have been arceration wh	defendant Detai recieving ich took pl	ls of said acts or mental healh lace in July

of 2013 at Riker's Island: G.M.D.C. and B.K.H.D.. Upon my arrival at N.I.C., I requested to be seen by mental health staff and was told I must wait because they do not have a staff member who speaks "Spanish". I have waited and waited even filed a grievance. I was told they cannot provide me with anyone who can accommodate my language barrier. I worked at the ground-zero site and suffer from post traumatic syndrome disorder.

I am not being treated for my mental issues, therefore, creating more stress, mental stress, mental anguish, anxiety, mood disorder, and I need to be compensated for in the amount of (\$72,000,000.00) SEVENTY-TWO MILLONS DOLLARS for punitive and compensatory damages. I came to Riker's Island free of any diseases. I was housed with multiple inmates whom had been tested and found to be positive for I was placed on medication, which will last for a year. I arrived here to Riker's Island on July 12, 2013. I went to R.N.D.C. - 4 building, for approximately, one month. After that I was relocated to G.M.D.C. - 3 building, to one main, B - side cells and he was diagnosed with positive to tuberculosis. However, the medical staff were not sure if he really had T.B. Furthermore, at the beginning of 2014, we were relocated, the whole house (block cells) to one upper B - side cells. Incidentally, the medical staff restested Mr. Ramirez, and again he was found to be positive to T.B. Consequently, Mr. Ramirez refused to take

Evidently, two more inmates came to our house to one upper B- side cells, and was diagnosed as positive with T.B. Nevertheless, the

any medication or treatment.

medical staff, shouldn't have never permitted those infected inmates mixed with the healthier inmates. In addition, our house one upper B - side had three inmates with or expose to T.B.

Moreover, sometime during the month of February of 2015, one of the three that were diagnosed with T.B. Mr. T. Belmejo, was removed from our house because he had an altercation (fight) with another inmate. Ironically, in the month of March of 2015, we were relocated again, the whole house. This time to Brooklyn House Detection Complex. Subsequently, we all were relocated and serologically examinations were performed, in fact, Mr. Ramirez and Mr. Roys were found again to be positive of T.B.

Actually, we do not know exactly how many infected inmates are among us. Mr. Ramirez and Mr. Belmejo, they both informed me and they showed me their medical results from the clinic, but they refused to take the treatment. Nevertheless, we were again relocated back to Riker's Island, but this time, to N.I.C. North Infirmary Command building. The whole house, including the two inmates that are allegedly diagnosed with T.B. Eventually, some of us were tested, including myself.

Unfortunately, I was tested positive of being exposed to T.B. I was extremely devastated because I came to Riker's Island healthly and free of any diseases. Besides, I have never tested positive to T.B. in my life. Currently, I am taking the medication and treatment. Although, and without any doubt, this medication destroy your liver. Nonetheless, I have no idea, if others

are taking the medication. We are housed with multiple inmates and with poor air ventilation. It's essential that we all get retested and make sure that those inmates take the treatment. I believed that the medical staff did not do their job; by mixing healthly inmates together with the infected inamtes and exposing that easily contagious disease (T.B.), and who knows what else is being pass on in our dorm. I has been approximately, two years, and the problem; hasn't been resolved.

I am very concerned, as well as other inmates about getting infected with hepatitis B or hepatitis C. Hepatitis is a disease that attacks the liver. There are different types of hepatitis, but the most common types among prisoners are hepatitis B and hepatitis C. The hepatitis B virus, like H.I.V. is spreads in prison by having sex with infected person without a condom, sharing razors, through needle sticks or sharp exposures or during a altercation (fight). You can avoid getting hepatitis B, by taking the same precautions as you would for H.I.V.

Hepatitis C virus (H.V.C.) almost 80% of infected persons do not show any signs or symptoms of H.V.C. Many people infected with hepatitis C, many not show any symptoms for twenty or thirty years.

H.V.C. symptoms includes yellowing of the skin, dark urine, fatigue, abdominal pain, and loss of appetite. Most people around 70% with chronic H.V.C. infection have some liver damage. While few people outside of prison have H.V.C., a very high percentage of prisoners are infected with hepatitis C. To avoid getting hepatitis C, you

should 1. Never refuse or share syringes, water or "Works". Never share toothbrush; razors, or other personal care items. 3. Avoid getting a tattoo or body piercing, there is a chance that someone else's blood is on the tools or the artist does not follow health practices: 4. Avoid having unprotected sex. 5. The most frequents and difficult one is the most often to occurred, is an altercation (fight) with another inmate. Sometimes, during a fight, you're susceptible of getting cuts or a open wound will happen. Then, there will be ultimately blood involved. sequently, then your life in danger, threaten and now you re seriously devastated, frustrated, and disappointed of the circumstances and obviously frighten for your future. Unfortunately, it's ludicrous because you are extremely horrify and ferociously scare and uncertain that, perhaps you might be infected with a deadly viruses or disease. I believed that the New York City of Correctional facilities, should screen better the inmates and categorized the inmates accordingly to whatever disease they were found to have or have been diagnosed. Further, they should make them take their medications or treatment construct-Therefore, so others inmates don't have to get sick, the way I did and they don't have to suffer emotional distress, depression, anxiety, stress, medical deliberate indifference, dangering risking my health, and other sinmates health as well. I sincerely hope you'll find a solution to this problem and have a better health care program. So, othersimmates don't get hurt and

go through this excruciating pain and frustration.

Also, I want to be compensated for stress, depression, anxiety, emotional distress, and medical deliberate indifference in the amount of (\$47,000,000.00), FORTY-SEVEN MILLION DOLLARS for punitive and compensatory damages.

Dated: February 24 Coxsackie, New York 2016

Respectfully Submitted,

DIN 15-A-3658

Claimant Pro-Se

Coxsackie Correctional Facility

Post Office Box 999

Coxsackie, New York 12051-0999

5. (Check appropriate	box):	2	
-			
. LI This Claim is served OR	and filed within 90 day	ys of accrual.	
M A Notice of Intenti	nn ta File a Claim was	served on 4-23-201	
was within 90 days	facenol	241 AED OI -2-72-701	2 and 5-19-2015
OR	AT DOLLAS MINTO	V. 1222	£
	tion in a second	4	E E
	Outeditonal facility from:	ite to recover damages for	injury to or loss of
betsonal broberth an	d it is served and filed t	vithin 120 days of the ext	austion of
claimant's adminis	trative remedies.		
			9
By reason of the foregoing,	Claimant was damaged	in the amount of \$119:	Bee on 000.000
Claimant demands judgment	against the Defendant(s) in for said amount	
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STATE OF NEW YORK	<u>.</u>	# # Det # 2	
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COTA TOTAL CONTROL) ss:		18
COUNTY OF GREENE .)	7 A 1811	· ·
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Segundo Narvaez	being dul	y sworn, deposes and say	that demonstration
the Claimant in the within act contents thereof, that the sam stated to be alleged upon info	e is true to denoment's	ead the foregoing Claim a	nd knows the
to be true.	· · · · · · · · · · · · · · · · · · ·	and as to mose matters, or	sponent beheves it
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**	. 56	ader 160 /	mana
*	. –		C. S
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Sworn to before me this	dav		- world proper to the
of Depruary 200	16	Jackie A. Lewis	
- 0	معليا	Notary Public, State of New	Vast
Silvino	*	CURRERED IN AFFREY COM	nty .
Non- Dalle State 527	· • · · · · IV	No. OiLE6265486 Ty Commission Expires 07/09/	11/2
LOW LEDGE STREE OF HEW A	CONT		2014
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	SERVICE AND FILING INS	TRUCTIONS	

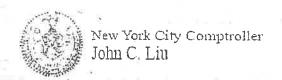
You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service and the filing fee of \$50.00, or an application for waiver or the claim for the Claims within 90 days of accrual of the claim (120 days in the case of an inmate claim for loss of or damage to personal property).

PAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING HAY RESULT IN DISHISSAL OF

New York State Court of Claims Jestics Building, P.O. Box 7344 Albany, New York 12774 (518) 432-3414

STATE OF NEW YORK		
ý	SS.:	
COUNTY OF GREENE		i iij
e e e e e e e e e e e e e e e e e e e	10 * *	
æ :	90	
I, Segundo Narvaez	being duly swom, deposes and says:	
1. 1 am over eighteen (18) y	ears of age and resides at the	70
Corsackie Correctional Facility,	P.O.Box: 0999. Cozsackie, New 1	·
York 12051-0999.	* ** ** ** ** ** ** ** ** ** ** ** ** *	
18	9 a 180	
2. On February 24,	20 16, I placed and submitted a true a	md
eyer coby of me within do	cument(s) which consist of t	he
following: Notice of Intention t	o File A Claim.	Principle Princip
		,
		-
in a properly sealed, post paid wrap	per and deposited same in an offic	ial
repository of the Office Pieces Posial Se	TVICE said boy being under and	
of the fact for the programment of ()	MTechonal Services and in and an artist	- 10
for the purpose of mailing correspondence	a addressed for dalling it is a second	شامه
I I TO THE STREET	c, and cased for delivery to the tollowing	-
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New York State Attorney General	e, addressed for derivery to the following	ng
New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol		ng
New York State Attorney General		ng
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New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol		
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New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol Albany, New York 12224-0341		ng
New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol Albany, New York 12224-0341		ng
New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol Albany, New York 12224-0341		ng
New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol Albany, New York 12224-0341 WORN TO BEFORE ME THIS DAY OF Johnson, John OTARY/PUBLIC	Respectfully Submitted,	ng .
New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol Albany, New York 12224-0341 WORN TO BEFORE ME THIS DEPARTMENT DAY OF Jebuary 2016 OTARYPUBLIC Jackie A. Lewis	Respectfully Submitted, Sequented Worker 2. Din # 18-2-3658	
New York State Attorney General Att.: Mr. Eric T. Schneiferman Department of Law, The Capitol Albany, New York 12224-0341 WORN TO BEFORE ME THIS DAY OF Johnson, John OTARY/PUBLIC	Respectfully Submitted,	

Cozsackie, New York 12051-0999



Office of the New York City Comptroller 1 Centre Street New York, NY 10007

· Form Version: NYC-COMPT-BLA-PIT-M

Personal Injury Claim Form

Claim must be filed in person or by registered or certified mail within 90 days of the occurrence at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be notarized. If claim is not resolved within 1 year and 90 days of the occurrence, you must start legal action to preserve your rights.

TYPE	OR PRINT
I am filling: On behalf of myself.	
On behalf of someone else. If on someone else's behalf, please provide the following information.	
Last Name:	Attorney Information (If claimant is represented by attorney)
First Name:	Firm or Last Name:
Relationship to	Firm or First Name:
the claimant:	Address:
α	Address 2:
Claimant Information	City:
*Last Name: NARVAE7	State:
*First Name: GREDINGO	Zip Code:
Address: 41-54 74TH STERT	Tax ID:
Address 2: FINHUEST N. 11373	Phone #:
City:	Email Address:
State:	
Zip Code: 11373	
Country: USA	a a
Date of Birth: 12/27/71 Format: MM/DD/YYYY	J *
Soc. Sec. #	→
HICN:	
(Medicare #) V A	
Date of Death: Format: MM/DD/YYYY	
Phone: 718-710-5893	X - a 2
Email Address:	
Occupation:	
City Employee? Yes (No (NA	· · · · · · · · · · · · · · · · · · ·
Gender Chiala C Famata C Othor	



Office of the New York City Comptroller 1 Centre Street New York, NY 10007

The time and place where the claim arose

*Date of Incident:
Time of Incident:

5/19/15

Format: MM/DD/YYYY

Format: HH:MM AM/PM

*Location of Incident:

NIC 15-00 HAZEN ST. EASTELM-LAST, N.Y

Address:

Address 2:

City:

State:

Borough:

NOTAH INSTITUTY COLUMNO 15-00 HAZEN ST. EAST ELMILAST, V.Y. 11370

*Manner in which claim arose:

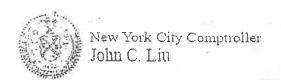
Attach extra sheet(s) if more room is needed.

I cave to Rivers Island free of Any Diseases. I was housed with mutiple Inmates what had been tested and found to be positive for TB. on 5/19/15 I was placed on Med-Ication, which will last for a year.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

STRESS, DEPTESSION, Anxiety, Emotional Distress, Medical DeliBerate Indifference.
47,000,000.00



Office of the New York City Comptroller 1 Centre Street New York, NY 10007

Medical Informatio	n
1st Treatment Date:	5/19/15 Format: MM/DD/YYYY
Hospital/Name:	NOTTH INTIRMARY COMMAND
Address:	15-00 HAZEN ST.
Address 2:	
City:	EAST FLMHUTST
State:	NEW YORK
Zip Code:	11370
Date Treated in Emergency Room:	Format: MM/DD/YYYY
Was claimant taken	to hospital by an ambulance? (Yes No NA
Employment Infor	mation (If claiming lost wages)
Employer's Name:	
Address	
Address 2:	ĺ
City:	
State:	N/Λ_{-}
Zip Code:	\ \frac{1}{1}
Work Days Lost:	
Amount Earned Weekly:	
5	
Treating Physiclar	ninformation
Last Name:	DK. JOHN Dre
First Name:	111
Address:	15-00 HAZEN St.
Address 2: 😨	
City:	EAST ELMHUKST
State:	NY.
Zip Code:	L11370